

STATE OF WISCONSIN  
Department of Workforce Development  
Division of Workforce Solutions  
**CHILD CARE  
ATTENDANCE REPORT**

CARES Provider Number / Location: \_\_\_\_\_ / \_\_\_\_\_ Category: \_\_\_\_\_

Attendance Period: \_\_\_\_\_ to \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

- I understand that I must enter the actual hours of attendance for each child in care on each Child Care Attendance Report form, even if the authorization is based on enrollment.
- I understand that I must notify the local child care agency within 10 days of becoming aware that a child is no longer attending the child care center/home. I can notify the local agency by phone, in writing or by checking the "Terminate Authorization" box on the Child Care Attendance Report form.
- I understand that I cannot care for more children than my certification or license allows. This includes private pay and subsidized children.
- I understand that if an overpayment is caused as a result of my not reporting attendance accurately, not notifying the agency timely when a child is no longer in my care, or caring for more children than my certification or license allows; I will have to pay the overpayment back.
- I understand that overpayments are deducted from future issuance. If no future issuance will be made, the overpayment must be paid back directly to the local agency.
- I understand that if I submit inaccurate attendance information, I may be referred for fraud investigation.
- I understand that I must submit either paper Child Care Attendance Reports or attendance through the web in order to receive payment.
- I understand that the local agency has the authority to stop payment and/or authorizations if I am not in compliance with certification or licensure rules or if I have submitted inaccurate attendance information.
- I understand that I must keep a record of each child's attendance at the center.
- I understand that the State of Wisconsin and/or the local child care agencies have the right to visit the center to review attendance records or request that these records be sent to the appropriate agency for review.

Provider Signature	Date Signed

Directions for completing the form:

- The "Regular" row is where you enter the actual hours that a child was in care based on authorized hours.
- The "School Closed/Holiday" row is where you enter the actual hours for a child who was in care in addition to the "Regular" hours because school was closed.
- An "X" appearing in any box indicates that the child is not authorized for care, and payment cannot be made for that period.
- If a child is in care and his/her name does not appear on this Attendance Report form, the parent is responsible for contacting the child care agency to request an authorization for future payments.
- The parent is also responsible for requesting, from the agency, any payment for extra hours of care.

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